

# **REQUEST FOR APPLICATIONS (RFA)**

## **GRADUATE MEDICAL EDUCATION NEW PROGRAM GRANT**

**RFA # G-0293-OPIB-14**

**ISSUED BY:  
STATE OF WISCONSIN  
Department of Health Services  
OFFICE OF POLICY INITIATIVES AND BUDGET  
DIVISION OF PUBLIC HEALTH**

**APPLICATIONS ARE DUE  
NO LATER THAN 2:00 P.M. CST  
ON MARCH 28, 2014**

**SEND AN ELECTRONIC COPY TO:  
[LINDA.McCART@WI.GOV](mailto:LINDA.McCART@WI.GOV)**

**FOR QUESTIONS, CONTACT:  
Linda McCart at [Linda.McCart@wi.gov](mailto:Linda.McCart@wi.gov)**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT  
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**REQUEST FOR APPLICATIONS  
#G—02930OPIB-14**

**TIME LINE**

JANUARY 31, 2014	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
FEBRUARY 12, 2014	QUESTIONS DUE BY NOON, 12:00 P.M. CST
<b>FEBRUARY 17, 2014</b>	<b>RFA CONFERENCE CALL FOR APPLICANTS @ 2:00 P.M. CST</b>
FEBRUARY 19, 2014	FAQS POSTED TO DHS WEB SITE
<b>FEBRUARY 21, 2014</b>	<b>NOTICE OF INTENT TO APPLY DUE BY 2:00 P.M. CST</b>
<b>MARCH 28, 2014</b>	<b>APPLICATIONS/PROPOSALS DUE BY 2:00 P.M. CST</b>
MAY 2, 2014	NOTIFICATION OF AWARDS
MAY 2, 2014	PUBLIC INSPECTION OF APPLICATIONS
MAY 16, 2014	LETTERS OF INTENT TO PROTEST DUE
MAY 30, 2014	FINAL DATE FOR PROTEST
<b>JULY 1, 2014</b>	<b>CONTRACT START DATE</b>

**REQUEST FOR APPLICATIONS**  
**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**NEW GRADUATE MEDICAL EDUCATION PROGRAM GRANT**  
**RFA # G-0293-OPIB-14**

**1. Introduction**

The Wisconsin Department of Health Services (DHS) was authorized in the state's biennial budget for 2014-2015 (Act 20), to develop a grant program to support development of new graduate medical education (GME) programs. The purpose of this document is to provide entities currently considering establishing a GME program in one of the targeted specialties with information to assist in preparing and submitting applications for funds. The five specialties are: family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

The DHS New GME Program Grant is an initiative of the Division of Public Health and the Office of Policy Initiatives and Budget. It reflects the priorities of DHS. Numerous external stakeholders helped shape the framework for this Request for Applications. It is anticipated that additional funds may be available at a future date. The effective date of contracts awarded under this funding opportunity is July 1, 2014.

- 1.1 **Goal:** To increase access to quality health care by increasing the number of physicians practicing in rural and underserved areas of Wisconsin.
- 1.2 **Purpose:** To assist rural hospitals and groups of rural hospitals in developing accredited graduate medical education programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

**2. Background**

**2.1 Legislation**

Act 20, Wisconsin's biennial budget bill, authorized annual appropriations for two new programs to support graduate medical education. As introduced by Governor Scott Walker, the goal of both grant programs is to create new opportunities for medical school graduates to train in rural and underserved areas of the state.

Section 1899, 146.63 provides grants to assist rural hospitals or consortiums of rural hospitals to develop new graduate medical education (GME) programs. A total of \$1.75 million is available for up to three (3) years and limited to five (5) specialties – family medicine, general internal medicine, general surgery, pediatrics and psychiatry. DHS is charged with establishing the criteria for such grants; this section is the subject of this Request for Applications.

Section 1900, 146.64 authorizes DHS to distribute grants to hospitals to fund the addition of resident positions to existing, accredited GME programs. Up to \$750,000 annually is available to

expand GME programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry. DHS will seek matching federal medical assistance funds for program expansion.<sup>1</sup>

## 2.2 Rationale

Over the past few years, a number of reports have highlighted the dearth of physicians, especially in rural and underserved areas. The Association of American Medical Colleges estimates a national physician shortage of up to 130,000 by 2015 due to an increasing older population, high rates of individuals with chronic diseases, a more diverse population and physicians retiring from practice.

Wisconsin is predicted to experience physician shortages of more than 2,000 by 2030 (Wisconsin Hospital Association, 2011). The impact of this shortage is especially acute in rural areas with a scarcity not only of physicians but health care professionals and facilities in general. This lack of access has significant cost implications with rural populations less likely to access preventive care and, thus, more likely to experience avoidable hospitalizations.

The lack of physicians also has an economic impact on communities. Health care clinics and physician practices provide employment opportunities and enhance the attractiveness of communities as a place to live and work. A number of studies estimate that a single physician can have a direct impact of more than \$1 million on a community's economic well-being by creating jobs, purchasing goods and services and supporting communities through the tax revenues they create.

In addition, health care delivery systems are undergoing significant changes. According to the National Committee for Quality Assurance (NCQA), there are 865 Wisconsin physicians working at NCQA-certified patient-center medical homes throughout the state. Medical homes are a model of care that provides an inter-disciplinary, team-based approach to patient care, thus ensuring that all providers are working together. Various studies have demonstrated that this approach improves access and reduces unnecessary medical costs.

Accountable Care Organizations (ACO) represent another innovative model of care. ACOs are groups of health care professionals that agree to be accountable for the quality, cost and overall care of a group of patients. More than a dozen ACOs are currently operating in Wisconsin.

These and other innovative models of care as well as changing patient demographics and health conditions require that physicians have new skills. Among these are: understanding evidence-based practice; interdisciplinary, team-based care; cost awareness; shared decision-making; understanding quality metrics and measurement; using technology to improve quality and efficiency; working in different care settings and addressing transitions; and understanding population health. Recent changes in the Accreditation Council for Graduate Medical Education guidelines coupled with adequate financial support will help produce the physicians Wisconsin needs for high-performance delivery systems – those that provide high quality, high value and efficiently delivered health care services.

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<sup>1</sup> The initial RFA for expansion of existing GME programs was issued in September 2013; three awards were granted. DHS anticipates issuing a second Request for Applications in Spring 2014.

### **3. Available Funds**

A total of \$1.75 million in funding is available for several awards under this Request for Applications (RFA). The Wisconsin Department of Health Services (DHS) reserves the right to distribute less than this amount dependent on the number and quality of the applications. DHS reserves the right to allocate funding to meet the goal of the grant. The appropriation is subject to renewal via the state's biennial budget process.

The grant period cannot exceed three (3) years and must support one of the targeted specialty programs. Funds will be distributed on an annual basis per the terms of negotiated contracts.

#### **3.1 Use of Funds**

DHS New GME Program Grant funds shall be used to develop new GME programs that will be accredited by the end of the grant period. The maximum amount per grantee for three (3) years is \$750,000. Grant funds may be used for, but are not limited to, expenditures for: consultants, education coordinator, program or physician champion, physician site director, planning meetings with medical staff, accreditation fees / site visits, faculty development and resident recruitment.

DHS may consider applications that seek to add a 'substantial rural training experience' and new resident positions to an existing accredited GME program. DHS may also consider applications that propose to substantially enhance rural training experiences without adding new positions in an existing accredited program.

DHS New GME Program Grant funds shall not be used for the following:

- Capital improvements, including, but not limited to, architectural consultation and renderings, remodeling and new construction.
- Information technology and software.
- Resident salary and fringe, other direct resident expenses.
- Sub-contracts.
- Research.

DHS New GME Program Grant funds shall not be used to supplant or replace existing funds supporting the proposed targeted specialty program from other sources, including local, state or federal funds.

#### **3.2 Required Match**

The DHS New GME Program Grant requires the applicant to provide matching funds of a minimum of 50%, i.e., if the grant request is for \$100,000 the applicant must provide \$50,000 in matching funds either cash or in-kind. Matching funds may include, but are not limited to:

- Expenditures for program development made between July and December 2013.
- Capital improvements required to meet accreditation requirements; limited to no more than 25% of the match.
- Funds provided by partner organizations, including the sponsoring institution.

Grant funds from other state or federal sources, e.g., from the Wisconsin Rural Physician Residency Assistance Program, shall not be considered as matching funds.

#### **4. Definitions**

For purposes of this RFA, the following definitions shall apply.

- 4.1 *Accredited Program* – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association or by both; accredited programs have a unique accreditation number.
- 4.2 *Graduate Medical Education* – the period of didactic and clinical education in a medical specialty that follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.
- 4.3 *Group of Rural Hospitals* – a voluntary consortium of hospitals located in rural areas (*see definition 4.9*) that are jointly sponsoring a new GME program in one of the five targeted specialties; the group may include an academic partner or sponsoring institution (university or health system) and no more than one hospital located in an urban area.
- 4.4 *Participating Sites* – an organization providing educational experiences or educational assignments / rotations for residents.
- 4.5 *Program* – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
- 4.6 *Resident* – any graduate medical student in an accredited graduate medical education program, including interns and fellows.
- 4.7 *Restructured Program* – an existing accredited graduate medical education program that seeks to add or expand rural training experiences; may include the addition of new resident positions; restructured programs must have an established partnership with a rural hospital or group of rural hospitals (*see definitions 4.3, 4.9 and Appendix A*).
- 4.8 *Rotation* – an educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the program.
- 4.9 *Rural* - areas that meet the definitions from the Wisconsin Office of Rural Health, including:
  - R1 – rural area with no population center greater than 2,500
  - R2 – rural area with population center 2,500 – 9,999
  - R3 – rural area with population center 10,000 – 49,999

- 4.10 *Sponsoring Institution* – the organization that assumes the financial and academic responsibility for a program of graduate medical education (GME); the sponsoring institution has the primary purpose of providing educational programs and / or health care services.
- 4.11 *Substantial Presence in WI* – a GME program in a bordering state that meets all of the following criteria:
- Has an established relationship with a rural hospital in Wisconsin or group of rural hospitals (*see definition 4.9*).
  - Has an established history of resident rotations in rural areas of Wisconsin in one or more of the targeted specialties.
  - Has an established history of medical school graduates from Wisconsin who complete their residency and return to Wisconsin to practice.
  - Current residents have strong ties to Wisconsin, such as:
    - born in Wisconsin with extended family still in the state.
    - graduated from a Wisconsin high school.
    - received their undergraduate and / or graduate degree from a Wisconsin college or university.
- 4.12 *Targeted Specialty* – the GME specialty - family medicine, general internal medicine, general surgery, pediatrics or psychiatry – targeted by the grant for development.
- 4.13 *Underserved Area* – area designated by HRSA as a Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) or Health Professional Shortage Area (HPSAs).

## 5. **Eligible Applicants**

Eligible applicants are rural hospitals or a group of rural hospitals that meet either A or B and the remaining criteria (in C and D):

- A. Currently developing a new graduate medical education (GME) program that will meet the accreditation requirements of the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) at the end of the grant period. The proposed new program must include a substantial rural training experience or serve a substantial rural population in Wisconsin (*see definitions 4.1, 4.9 and Appendix A*).
- B. Working with a sponsoring institution to restructure an existing accredited GME program to include a substantial rural training experience or serve a substantial rural population in Wisconsin (*see definition 4.9 and Appendix A*); priority will be given to applications that also include new resident positions.
- C. Has completed initial planning activities, including a feasibility study; other activities may include, but are not limited to: engagement of medical staff, received hospital board approval, identified a physician champion, etc.
  - *DHS will consider exceptions to this requirement, as appropriate.*
- D. The program is in one of the following specialties:
  - ◆ Family Medicine
  - ◆ General Internal Medicine
  - ◆ General Surgery
  - ◆ Pediatrics
  - ◆ Psychiatry

## 6. Special Requirements

### 6.1 Notice of Intent

Organizations interested in applying for funding must send a non-binding notice of intent via e-mail to the following by 2:00 p.m. CST on February 21, 2014. Receipt will be acknowledged and must be submitted with the application.

Mimi Johnson  
Senior Policy Analyst  
Office of Policy Initiatives and Budget  
[Melanie.Johnson@wi.gov](mailto:Melanie.Johnson@wi.gov)

The e-mail must include the following information:

- Name and location of interested applicant organization.
- Name, title, e-mail address and telephone number of the primary contact.
- Targeted specialty – family medicine, general internal medicine, general surgery, pediatrics or psychiatry.

The notice of intent does not commit the organization to submitting an application.

### 6.2 Rural Focus

The legislative intent for the DHS New GME Program Grant is to increase the number of physicians practicing in rural areas of Wisconsin. Research suggests that residents who train in rural areas are more likely to practice in a rural area. Research also suggests that general surgery residents who spend a year in a rural setting are more likely to remain in general surgery versus a subspecialty.

To be eligible, applicants developing or restructuring GME programs in one of the targeted specialties must include substantial rural training experiences in a rural area of Wisconsin or serve a substantial rural population. DHS has defined 'substantial rural training experience' as a minimum of eight (8) weeks for each year of the residency, e.g., 8 weeks x 3 years = 24 weeks. The number of weeks may be block or longitudinal over the entire course of the residency. Please refer to Appendix A for examples of various residency programs with a strong rural focus. The Rating Panel will also consider applications where residents will serve a substantial population from rural areas as defined in 4.9.

To meet the purpose of the grant, first priority will be given to applicants developing new Rural Training Tracks (with a separate accreditation number) and other new GME programs that include more than the minimum eight-week per year rural training experience. Second priority will be given to existing, accredited GME programs working in partnership with rural hospitals that are in the process of adding substantial rural training experiences and additional resident positions. Third priority will be given to existing accredited GME programs that are in the process of adding / expanding rural training experiences without the addition of new resident positions.



6.3 Grant Period

The DHS New GME Program Grant is limited to no more than three (3) years. The beginning date for the contract will be July 1, 2014. Funding may be requested for less than the three (3) year maximum.

6.4 ACGME / AOA Accreditation of New or Restructured Programs

The applicant must demonstrate the intent of obtaining ACGME or AOA accreditation or approval of program changes by the end of the grant period.

6.5 Sole Contact

The Office of Policy Initiatives and Budget (Office) is the sole point of contact for DHS during the selection process.

**7. General Requirements**

7.1 Fiscal Management Reports

The successful applicant shall submit financial reports to DHS identifying cash expenditures against authorized funds within 30 days following the end of each quarter.

7.2 Progress / Status Reports

The successful applicant shall submit a brief narrative report to DHS within 30 days following the end of each quarter highlighting activities completed, benchmarks achieved, challenges encountered and how they were overcome, changes in strategies and other information the applicant believes DHS should be aware of.

7.3 News Releases

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of DHS. Copies of any news release regarding this award during the contract years will be submitted to DHS.

7.4 Legal Services

Funds shall not be used to support any legal actions taken against the federal or state government or to support legal advice to programs or residents.

7.5 Incurring Costs

DHS and the State of Wisconsin are not liable for any cost incurred by applicants in replying to this RFA.

7.6 Waiver of Technicalities

The RFA Rating Panel reserves the right to accept or reject any or all responses to the RFA and waive minor technicalities. The determination of whether an RFA condition is substantive or a mere technicality shall reside solely with the RFA Rating Panel.

## 8. Clarifications and/or Revisions

Potential applicants are encouraged to submit questions concerning this RFA **via e-mail by 12:00 noon CST, February 12, 2014** to:

Linda McCart  
Policy Chief  
Office of Policy Initiatives and Budget  
E-Mail – [Linda.McCart@wi.gov](mailto:Linda.McCart@wi.gov)

### 8.1 Applicant Questions and Answer Conference

Potential applicants are invited to participate in a **conference call scheduled for 2:00 p.m. CST on February 17, 2014**. The purpose of the call is to allow all interested applicants to ask questions related to this RFA. The conference call information is below:

Phone: 1.888.363.4734  
Access Code: 5482615

Questions sent or asked prior to the conference call will also be addressed. The questions and answers discussed during the call will be posted to the DHS web site, <http://www.dhs.wisconsin.gov/rfp>.

Applicants are expected to raise any questions they have concerning the RFA requirements at this point in the application process. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this RFA, the applicant should immediately notify the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFA, revisions, amendments and / or supplemental information will be posted to the DHS web site, <http://www.dhs.wisconsin.gov/rfp>.

Each proposal shall stipulate that it is predicated upon the requirements, terms and conditions of this RFA and any supplemental information or revisions thereof.

### 8.2 No Contact

Any contact with DHS employees concerning this RFA is prohibited, except as authorized by the RFA manager, Linda McCart, during the period from the date of release of the RFA until the notice of intent to contract is released.

## 9. Submission of Application

- 9.1 **All applications must be typed, doubled-spaced with 11-point font, and shall not exceed 30 pages.** The total number of pages DOES NOT include the abstract, work plan, budget, budget narrative and cover sheet. All pages must be sequentially numbered. The total number of additional pages, including the abstract, budget and budget narrative, work plan, cover sheet and other documents shall not exceed 20 pages.

- 9.2 **Number of Applications.** Applicants may only submit one (1) application per targeted specialty or program. DHS reserves the right to balance funding requests with the diversity of the targeted specialties and locations and the goal of the New GME Program Grant.
- 9.3 **Number of copies.** The applicant must submit **one electronic copy** of the entire application to the Office of Policy Initiatives and Budget.
- 9.4 **Closing date.** The closing date for the receipt of all applications under this RFA is **2:00 p.m. CST on March 28, 2014**. The electronic applications must be received by [Linda.McCart@wi.gov](mailto:Linda.McCart@wi.gov) by 2:00 p.m. CST on March 28, 2014. Applicants are cautioned to allow sufficient time for delivery by e-mail, since it can sometimes take several hours for electronic mail to reach its destination. Applicants may also mail or hand deliver a copy on or before 2:00 p.m. CST on March 28, 2014 to:

GME RFA  
WI DHS  
1 West Wilson Street, Room 618  
Madison, WI 53703

Any and all responses to this RFA received after the closing date and time will not be reviewed and will be returned to the applicant. Any documents received after the closing date and time will not be considered.

- 9.5 **Supplemental and clarifying information.** Unless requested by the DHS Office of Policy Initiatives and Budget, no additional information – either updated or supplemental materials - will be accepted from any applicant after the deadline for submittal of applications.

## **10. Awarding Funds Information**

### **10.1 Evaluation Criteria, Potential Points and Procedures**

All applications received by the deadline will be reviewed by a rating panel and ranked accordingly. The rating panel will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **180** points (out of **220** possible points) in the rating of applications, unless the rating panel determines it is in the best interest of the state to consider an award to an applicant who scores less than 180 points. The DHS New GME Program Grant is designed to support the mission and core values of the Department, including increasing access and promoting evidence-based approaches to high quality health care. Applications will be reviewed and evaluated according to the following criteria. (*see Appendix B for the scoring matrix.*)

### **10.2 Criteria and Maximum Points**

#### **10.2.1 Abstract – one page only, single-spaced**

The applicant's response demonstrates that the proposed program meets the long-term goal of increasing access to quality health care in rural communities. The summary clearly articulates

the rationale for developing a new program in one of the targeted specialties – family medicine, general internal medicine, general surgery, pediatrics or psychiatry – or restructuring an existing accredited program. The abstract describes the rural focus of the program and how it will benefit rural populations. Partners are identified. The response includes key benchmarks, the amount requested, how the funds will be used, how the match will be met and the proposed grant period.

**10.2.2 Identification and Rationale for Selected Targeted Specialty**

The narrative identifies the targeted specialty. It provides a description of how and why this selection was determined and how the selection will help achieve the long-term goal of the DHS New GME Program grant. The response includes the number of new resident positions that will be created and the schedule for implementation.

**10.2.3 Description of Activities to Establish a New GME Residency Program or Restructure an Existing Program**

The applicant provides a complete narrative description of the following components.

- A. Program Planning – The narrative provides a description of the planning activities that have been completed to date (as of December 2013), including, but not limited to, the following:
  - a. When planning began and why / what was the catalyst.
  - b. Organizations represented in the planning group.
  - c. Whether a feasibility study was completed; if so, when, by whom and with what result.
  - d. Whether technical assistance / consultation has been provided; if so, when, by whom and with what result.
  - e. Who the sponsoring institution is (if identified) and why (or how) it was selected.
  - f. Hospital board response, approval and comments.
  - g. Whether a physician champion has been identified or hired.
  - h. Whether a coordinator has been identified or hired.
  - i. Whether faculty recruitment has begun and, if so, the status.
  - j. Planning resources, including the amount and source of funding, in-kind, etc.
  - k. Where the planning group is in terms of the accreditation process.
- B. Rural Focus – The narrative provides a detailed description of current thinking or decisions about how the rural focus requirement of the grant will be met (*see 6.2*). The description includes:
  - a. Potential and / or confirmed clinical training sites.
  - b. Anticipated and / or confirmed length of time in the rural setting(s).
  - c. When the rural training will be done, i.e., which program year.
  - d. Strategies for recruiting residents to the rural training sites, including support services such as housing and transportation.
  - e. Demographics of the population to be served.
  - f. The status of faculty at the rural site and whether they will be volunteers or paid.
  - g. Whether there is an on-site advocate or physician champion.
  - h. Outreach to the community and the results, e.g., the response from the community to having residents.

- C. Business Plan – The narrative provides a complete description of the processes and activities that will be completed over the course of the grant period which will result in an accredited GME program (either new or restructured). The business plan narrative must be consistent with the action steps included in the work plan. This portion of the narrative must address, but is not limited to, the following:
- a. Applicant Capacity - The narrative describes the applicant's prior experience with medical education, e.g., hosting medical students, serving as a rotation site, faculty on staff, etc.; discusses the organization's capability to develop and implement an accredited program; and provides information about how the grant will be managed and monitored. The response identifies staff to be hired and proposed qualifications and responsibilities. The description demonstrates knowledge and understanding of local health care workforce issues and an understanding of the need for physicians to learn new skills for effectively practicing in new health care environments.
  - b. Sponsoring Institution Capacity - The narrative describes the sponsoring institution's experience with medical education; discusses the organization's capability to assist in developing and supporting implementation of an accredited program; and the ability to meet the institutional requirements for accreditation.
  - c. Partner Capacity – The narrative provides information about all active partners in the planning and implementation of the new program; their role and contributions, including financial and in-kind resources. It describes their prior experience with medical education, e.g., hosting medical students, serving as a rotation site, faculty on staff, etc. The narrative describes recruitment of and / or commitments from clinical training sites and the status of faculty recruitment at the rural training site(s) (if different from the applicant).
  - d. Consortium or Group of Rural Hospitals – If the application is being made on behalf of a consortium or group of rural hospitals, provide the following information for each entity:
    - ♦ Name and location of organization.
    - ♦ Specific role in the new proposed program.
    - ♦ Position of engaged representative, e.g., CEO, CFO, Program Director, faculty, etc.
    - ♦ Contributions, either cash or in-kind.

The description must include whether the consortium or group is or will become a 501(c)(3) or rely on legally binding Memorandums of Understanding / Agreement (MOU / MOA); if MOU or MOA, please include a copy with the application.

This portion of the narrative must also include how the consortium or group will be governed and identify the fiscal agent.

- e. Accreditation Process – The narrative clearly demonstrates how the applicant and any partner organization(s) will meet all of the ACGME / AOA requirements, both program and institutional, by the end of the grant period for both new and restructured programs. This narrative is consistent with the work plan and provides more detailed information. It describes actions that will be taken to ensure benchmarks are being met and steps that will be taken if benchmarks will not be met. The narrative also briefly describes:
- Faculty recruitment and development / training.
  - Resident recruitment and retention.
  - Achieving and maintaining patient load.
  - Any anticipated challenges and how they will be addressed.
- f. Sustainability – The narrative clearly describes how the new GME program will be supported and funded for the first class of residents following the end of the grant period and assuming full accreditation. The sustainability plan must include projected revenue and expenditures, the source, any restrictions on funds and other information demonstrating that the new program will be maintained following the grant period.

The plan addresses how the resident’s salary, fringe, malpractice insurance and other direct expenses associated with the resident will be covered, including any support services. The sustainability plan includes a description of proposed strategies for helping to ensure that the new physicians will practice in rural Wisconsin communities. Applicants should strive toward achieving a 50% retention rate of graduating residents.

#### 10.2.4 **Benchmarks / Objectives**

The goal is to have an accredited GME program by the end of the grant period. Benchmarks to achieve this goal must be clearly stated, realistic and consistent with the purpose of this RFA. Benchmarks are framed as measurable outcomes and can be achieved during the funding period. Targeted completion dates are given. The proposal includes a description of how the benchmarks will be measured. Achievement of the benchmarks will determine funding for grant years two and three, as applicable.

#### 10.2.5 **Budget and Budget Narrative**

The applicant develops a line-item budget for allowable costs for each year of the grant period. Proposed costs are consistent with the requirements and are reasonable for achieving the goal. The total budget does not exceed the maximum grant amount. The budget narrative includes justification for specific items, including calculations. The narrative includes information about other funding sources supporting planning and development of the new or restructured program, including the source, amounts per year and covered costs.

The budget and budget narrative clearly delineate the amount and source(s) of matching funds, including the amount, source and how the amounts were calculated. Matching funds are consistent with the grant requirements and do not include funding from state or federal grants. If capital improvements are considered as a portion of the match, the amount does not exceed

25%. There is a clear description of these projections and / or expenditures and how they are related to meeting accreditation requirements.

Non-allowable costs are not included.

#### 10.2.6 **Work Plan and Timeline**

The work plan identifies activities beginning July 1, 2014 (the effective date of the contract) needed to develop, implement and operationalize the new or restructured GME program. Each activity includes the expected beginning and completion dates and responsible parties (reference by position titles). The work plan is sequentially reasonable within each year of the proposed budget.

#### 10.2.7 **Reporting Requirements**

The selected applicant agrees to provide the following information.

Status Reports – The applicant must submit quarterly financial and progress reports within 30 days of the end of each quarter. The applicant must also submit annual financial and progress reports within 60 days of the end of each budget period. The annual reports will fulfill the requirement for the 4<sup>th</sup> quarter reports.

- A. The Financial Report will include an accounting of expenditures under the grant for the time period, e.g., quarter or year. More specific information will be included in the award notice and contract.
- B. The Progress Report is a narrative statement which includes, but is not limited to, the following information:
  - The status of the planning and implementation process, including:
    - benchmarks achieved
    - any challenges or barriers and how they were overcome
    - withdrawal and / or engagement of partners
    - hiring of critical staff
    - faculty / preceptor recruitment and training, if any
    - hospital and clinic staff engagement
    - hospital and clinic board approval, comments and support
    - infrastructure development
    - facility renovations or construction
  - The status of plans for recruiting new residents.
  - Funding status, e.g., new resources and / or commitments; source, amount and purpose.

#### Final Report

- A. The applicant must submit a final fiscal and narrative report within 90 days after the end of the grant period. The fiscal report shall include a final accounting of all grant funds.
- B. The narrative report shall include a brief description of the following:
  - Summary.

- Impact (on long-term goal).
- Accomplishment of benchmarks as stated in the initially approved grant, any changes to the objectives.
- Implementation and accreditation status.
- Resident recruitment status.
- Lessons learned from the planning and implementation process, including barriers and challenges encountered and how they were overcome.
- Information about withdrawal and /or additions of partners over the course of the grant.
- How the program will be sustained for the first class of residents following the end of the grant period.

#### **11. Applicant Responses**

Proposals submitted in reply to this RFA shall respond to the requirements stated herein. Failure to do so may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFA, including all attachments, RFA addenda and revisions and the proposal from the successful applicant will become contractual obligations. The Office reserves the right to negotiate the award amount and terms and conditions prior to entering into an agreement.

Justifiable modifications may be made in the course of the contract only through prior consultation with and mutual agreement of the parties. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

#### **12. Withdrawal of Applications**

Applications may be withdrawn by written notice to the sole contact.

#### **13. Award Procedures**

The RFA Rating Panel's scoring will be tabulated and applicants will be ranked according to the numerical score received. The Rating Panel has the option to conduct interviews and / or telephone conferences with the top-ranked applicants and to include these results in determining the rating score. The Rating Panel will also consider the balance of funding requests with the diversity of targeted specialties and locations consistent with the goal and purpose of the grant. DHS will make the final decision if a contract will be awarded. DHS reserves the right to withdraw the RFA if only a limited number of eligible applicants apply. DHS reserves the right to award only a portion of available funds based on responses to this RFA.

##### **13.1 Notice of Intent to Award a Contract**

Each applicant whose proposal is reviewed and scored by the Rating Panel shall receive written notice of the determination of approval or non-funding of the proposal.

Each applicant whose proposal was not approved shall be given an opportunity to discuss with the Office representative the reasons for non-funding. The applicant may request the reason for



the decision in writing by contacting the Office at the above address or via e-mail, [Linda.McCart@wi.gov](mailto:Linda.McCart@wi.gov).

**14. Public Information**

It is the intention of DHS to maintain an open and public process in the submission, review and approval of awards. All material submitted by applicants will be made available for public inspection after notice of intent to award or not to award a contract based on the rating of the applications which were submitted. This information will be available for public inspection, under supervision, during the hours of 9:00 a.m. to 4:00 p.m. CST, Monday through Friday, after May 2, 2014 at the Wisconsin Department of Health Services. No application submitted to DHS may be marked as confidential, including any and all attachments.

Ratings tabulation and scoring by individual raters will also be open for public inspection, but the scores will not identify the raters.

**15. Protest/Appeal Process**

Applicants may only protest or appeal violation of procedures outlined in this RFA. Ranking and scoring by the Rating Panel are not subject to protest or appeal. Notice of intent to protest and protests must be in writing. Protesters should make their protests as specific as possible and should fully describe the procedural issue being contested.

Written notice of intent to protest must be filed with:

Wisconsin Department of Health Services  
Office of Policy Initiatives and Budget  
1 West Wilson Street, Room 618  
P.O. Box 7850  
Madison, WI 53707

The notice must be received by this office no later than 2:00 p.m. CST on May 2, 2014 or within five (5) working days after the notice of intent to award is postmarked, whichever is later.

The decision of the Office may be appealed to:

Secretary  
Wisconsin Department of Health Services  
1 West Wilson Street, Room 650  
Madison, WI 53707

The appeal must be made within five (5) working days of issuance of the final decision of the Office with a copy sent to the Office.

**CHECKLIST,  
GUIDELINES and APPENDICES**

The following information is provided to assist applicants in preparing a quality,  
competitive response to the RFA.

- I. Application Checklist. The completed application must include the following:
- A. Acknowledgement of Notice of Intent
  - B. Application Cover Sheet
  - C. Abstract
  - D. Proposal Narrative
    - Rationale for Selected Targeted Specialty
    - Description of Activities to Establish a New GME Program or Restructure an Existing Program
      - Program Planning
      - Rural Focus
      - Business Plan
        - Applicant Capacity
        - Sponsoring Institution Capacity
        - Partner Capacity
        - Consortium of Rural Hospitals
        - Accreditation Process
        - Sustainability
  - E. Benchmarks / Objectives
  - F. Budget
  - G. Budget Narrative
  - H. Work Plan & Timeline
- II. Budget. The following guidelines should be used in preparing the budget and the budget narrative. The budget narrative must provide descriptions about each item, how the amount was calculated and the rationale for inclusion in the application. The budget narrative must also describe other funding used to support planning and development of a new or restructured program, including source, amount and purpose.
- A. Allowable costs –Grant funds may be used for, but is not limited to:
    - Consultation fees.
    - Education Coordinator salary and fringe.
    - Program and physician champion salary and fringe.
    - Physician site director salary and fringe.
    - Planning meetings.
    - Accreditation fees and site visits.
    - Faculty development.
    - Resident recruitment.

- B. Unallowable costs: Grant funds may not be used for the following:
- Capital improvements, e.g., architectural consultation and renderings, remodeling and / or new construction.
  - Information Technology and software.
  - Resident salary and fringe, other direct resident expenses.
  - Sub-contracts.
  - Research.
- C. Match: Matching funds of at least 50% of the total request, either cash or in-kind. The match may include expenditures made between July and December 2013. Expenditures made for capital improvement to meet accreditation requirements may be considered; not to exceed 25% of the total match. No state or federal grant funds may be considered as matching funds.

III. Appendixes

- A. Examples of "Substantial Rural Training Experiences."
- B. Scoring Matrix.
- C. Application Cover Sheet.

## APPENDIX A

### EXAMPLES OF “SUBSTANTIAL RURAL TRAINING EXPERIENCES”

Research suggests that residents who have ‘hands-on’ experience in a rural setting are more likely to locate their practice in a rural area. The most robust of these experiences is rural training tracks – the original 1:2 model – with a 75% placement rate in rural locations following completion. Toward that end, the National Rural Health Association and the American Academy of Family Physicians recommend that “cumulative rural training experience for medical students and residents with an interest in rural practice should be at least six (6) months in duration.”<sup>2</sup>

Following are examples of various programs that offer substantial rural training experiences. The examples were drawn from an extensive literature review as well as conversations with national and Wisconsin-based experts in the field. Applicants should note that this is **not an inclusive list**.

1. Rural Training Tracks – primarily for family medicine residencies but have also been used for general surgery residencies - the traditional 1:2 model is separately accredited by ACGME.
  - ♦ Traditional - 1 year in an urban setting or sponsoring institution and 2 years of continuous training in a rural setting.
  - ♦ Integrated – at least 24 months in a rural setting; OR if family medicine – block training of at least 4 continuous weeks in specific areas, e.g., obstetrics, community health, etc. in a rural setting.
  - ♦ Modified Integrated – “2-2-2” program which trains 2 residents a year for all three years of postgraduate education in a rural setting, interspersed with immersion experiences in the urban setting of the sponsoring institution.
  - ♦ Modified Integrated – 6 + 30 month pattern where the initial 6 months is spent in the urban setting of the sponsoring institution and 30 months are spent in a rural setting.
2. Augusta Model – family medicine - 2 ½ days per week in PGY 1 in rural setting; 4 ½ days per week in PGY 2 and 3 in a rural setting.
3. North Dakota Model – general surgery – 9 months in surgical subspecialty and rural surgery rotations in PGY 2 through 4; PGY 1 and 5 are the same as for general surgery.
4. Oregon and East Tennessee Model – general surgery – PGY 4 in a rural setting.
5. New York – Bassett Healthcare Model – general surgery – 1 month elective in a rural setting in PGY 1 through 4.
6. South Dakota – Sanford Health Model – general surgery (new program 2014) – 2 month rotations in a rural or VA setting in PGY 1 through 4.
7. Other Models – several states include 1 year in a rural setting and / or VA hospital for psychiatry, generally in PGY 4.

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<sup>2</sup> American Academy of Family Physicians. “Rural Practice: Graduate Medical Education for (Position Paper) – AAFP Policies – AAFP. 2008. <http://www.aafp.org/about/policies/all/rural-practice.html>. Accessed January 9, 2014.

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**GRADUATE MEDICAL EDUCATION NEW PROGRAM GRANT**  
**REQUEST FOR APPLICATIONS**  
**G-0293-OPIB-14**  
**SCORING MATRIX**

**NOTE:** This document is designed to serve as guidance for preparing the application.

**PURPOSE:** To assist rural hospitals and groups of rural hospitals in developing accredited graduate medical education programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

COMPONENT	CRITERIA	MAXIMUM POINTS
1. ABSTRACT	a) Demonstrates that the program has the potential for increasing access to quality health care for rural residents. b) Identifies targeted specialty and whether new or restructured program. c) Identifies partners. d) Briefly describes the rural training experience(s). e) Provides general information about the amount and use of funds.	10
2. TARGETED SPECIALTY	a) Identifies targeted specialty. b) Explains why the specialty was selected. c) Explains how this specialty will increase the number of physicians in rural areas and / or serve rural populations. d) Provides the number of resident positions being created.	10
3. DESCRIPTION OF PLANNING EFFORTS		130 <i>INCLUSIVE OF ALL SCORES IN COMPONENT #3</i>
3.1 PLANNING STATUS	a) Provides clear description of planning activities to date. b) Provides clear description of engaged partners and their role. c) Identifies the sponsoring institution. d) Provides brief description of the feasibility study and results. e) Provides brief description of any consultation or	20

COMPONENT	CRITERIA	MAXIMUM POINTS
	<p>technical assistance and results.</p> <p>f) Describes hospital board response and / or comments.</p> <p>g) Identifies whether staff have been hired, e.g., education coordinator, physician champion, faculty, etc.</p> <p>h) Describes planning resources to date, including source, amount and purpose.</p> <p>i) Describes the status of the accreditation process.</p>	
3.2 <i>RURAL FOCUS</i>	<p>a) Provides a detailed description of the current thinking and / or decisions that have been made with regard to rural clinical experiences, including length of the training and program year(s).</p> <p>b) Identifies and describes potential and / or actual training sites and population demographics.</p> <p>c) Describes the anticipated patient load and how it will be maintained.</p> <p>d) Describes the status of on-site faculty (recruitment and training / development)</p> <p>e) Identifies whether there is an on-site physician champion or advocate.</p> <p>f) Describes outreach to the community at-large and the results (e.g., response to having residents).</p>	45
3.3 <i>BUSINESS PLAN</i>	<p>a) Describes the capacity of the <u>applicant</u> to plan, implement and operate a GME program, including prior experience with medical education programs.</p> <p>b) Provides information about how the grant will be managed and monitored.</p> <p>c) Identifies staff to be hired and proposed qualifications and responsibilities.</p> <p>d) Demonstrates knowledge and understanding of local health care workforce issues and an understanding of the need for physicians to learn new skills.</p> <p>e) Describes the capacity of the <u>sponsoring institution</u> to meet the institutional ACGME and / or AOA accreditation requirements.</p> <p>f) Identifies all partners engaged in planning / development of the new program, including roles and responsibilities.</p> <p>g) Identifies whether the applicant is applying on behalf of a consortium and provides relevant information about members, fiscal agent and governing structure.</p>	60

COMPONENT	CRITERIA	MAXIMUM POINTS
	<ul style="list-style-type: none"> <li>h) Explains the process for meeting all accreditation requirements by the end of the grant period consistent with the work plan.</li> <li>i) Provides clear description of faculty recruitment and training; and resident recruitment and support.</li> <li>j) Identifies any anticipated challenges and proposed strategies for addressing.</li> <li>k) Describes how the program will be sustained beyond the grant period, including projected revenues and expenses and sources of funding.</li> <li>l) Describes strategies for retaining and supporting physicians following completion of the residency.</li> </ul>	
4. BENCHMARKS / OBJECTIVES	<ul style="list-style-type: none"> <li>a) Benchmarks used to determine whether planning is on track are clearly stated as measurable outcomes.</li> <li>b) Benchmarks include timeframe for achieving.</li> <li>c) Benchmarks identify the responsible party.</li> <li>d) Benchmarks are consistent with the work plan.</li> </ul>	15
5. BUDGET	<ul style="list-style-type: none"> <li>a) Includes specific line items consistent with allowable costs.</li> <li>b) Detailed budget is provided for each year of the grant.</li> <li>c) Total request does not exceed the maximum allowed.</li> <li>d) Includes amount and source of matching funds, both in-kind and other funds.</li> <li>e) Non-allowable costs are not included.</li> </ul>	20
6. BUDGET NARRATIVE	<ul style="list-style-type: none"> <li>a) Provides clear information and justification for each budget item.</li> <li>b) Explains clearly how cost was calculated.</li> <li>c) Provides clear information about other sources of funding that support planning and implementation, including amounts and covered costs.</li> <li>d) Identifies and explains the amount and source of matching funds, both in-kind and other funds.</li> </ul>	20
7. WORK PLAN / TIMELINE	<ul style="list-style-type: none"> <li>a) Clearly identifies and describes the activities needed to secure accreditation for the new or restructured program.</li> <li>b) Identifies responsible parties by position and name.</li> <li>c) Includes beginning and completion dates.</li> </ul>	15

## Application Cover Sheet / Summary

### Section A - APPLICANT INFORMATION

1. <b>Targeted Specialty Program:</b> Insert Name of the Targeted Specialty			<b>Number of Residents Anticipated:</b> Insert Number
2. <b>Applicant:</b> Insert Name			
<b>Address:</b> Insert	<b>City:</b> Insert	<b>State:</b> Insert State Abbr.	<b>Zip:</b> Insert
3. <b>Primary Contact:</b> Insert Name			<b>E-mail:</b> Insert
			<b>Telephone:</b> Insert
<b>Address:</b> Insert	<b>City:</b> Insert	<b>State:</b> Insert State Abbr.	<b>Zip:</b> Insert
4. <b>Fiscal Agent</b> (if different from Applicant): Insert Name			<b>E-mail:</b> Insert
			<b>Telephone:</b> Insert
<b>Address:</b> Insert	<b>City:</b> Insert	<b>State:</b> Insert State Abbr.	<b>Zip:</b> Insert
5. <b>Employer Identification No.:</b> Insert Number			

### SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget and the budget for each year of the grant. Do not include the required match in the total.  
**Note:** The maximum amount per grant is \$750,000.

**Total funds requested:** \$ \_\_\_\_\_

**Requested funds per year:**

\$	Year 1	\$	Year 2	\$	Year 3
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11. NAME, TITLE AND PHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_